

VT Department of Education-Residential Review Team
Consideration of Residential Placement Form
LEA Notification to the Commissioner of Education
Required for students whose IEP may call for residential placement under Title 16 §2958(a)

Student's Name _____ Supervisory Union _____

Date of birth _____ Grade _____ Custody _____

Name of parent(s)/guardian(s) _____

Address _____

Disability _____ Spec. Ed. Administrator _____

The law requires the Department of Education to be notified about residential placements as early as possible. Please let us know which of these steps have been taken.

Are you currently working with anyone from the Department of Education regarding this child?

☐ Yes ☐ No If yes, with whom? _____

This notice is being given because of:

- ☐ A recommendation by the Evaluation and Planning Team for residential placement.
- ☐ A unilateral residential placement by the parent or a state agency.
- ☐ A parental inquiry for residential placement.
- ☐ A recommendation by a state agency for residential placement.
- ☐ An IEP has been written calling for residential placement.
- ☐ A non-approved school is being considered and an exception is being sought.
- ☐ Other _____

At this time the IEP Team is requesting the following:

- ☐ Information about alternatives to residential placements.
- ☐ Information about residential schools.
- ☐ Training or assistance with the residential review process.
- ☐ Assistance with planning team meetings where residential issues will be considered.
- ☐ We have no needs at this time.

If a Coordinated Services Plan has been completed please include the CSP with this form and fill out the Interagency Referral Checklist

- A treatment team has been formed. ☐ Yes ☐ No
- A comprehensive initial or re-evaluation has been completed. ☐ Yes ☐ No
- The treatment team has reviewed the case with the Local Interagency Team (LIT). ☐ Yes ☐ No

Return form to: John Spinney, Residential Review Consultant, VT Department of Education, 120 State Street, Montpelier, VT 05620; johnspinney@education.state.vt.us
Phone: 828-5127 Fax: 828-0573

For Department use:

Received _____ Team: ☐ Yes ☐ No Team members _____

10/05

Termination of Residential Placement

Return this form to:

John Spinney, Residential Review Consultant
Vermont Department of Education
120 State Street
Montpelier, VT 05620-2501
Phone: 802-828-5127
Fax: 802-828-0573
E-mail: johnspinney@education.state.vt.us

For Department use only

Name _____

CID # _____

Date in _____

Student's Name _____ **School District** _____

Special Education Coordinator _____

This notice is being given because:

☐ Of a determination by the Evaluation and Planning Team to move to a less restrictive environment.

☐ The student has graduated.

☐ Of other reasons. [Specify] _____

Are you currently working with anyone from the Department of Education regarding this child?

☐ Yes ☐ No If yes, with whom? _____

The student's most recent placement was _____

S/he left the most recent placement on ____/____/____

S/he is attending a public school in _____

S/he is attending an alternative program at _____

Other _____

Placement Verification Form

State of Vermont
Department of Education
Student Support Team
Montpelier, VT 05620
(802) 828-5127

Supervisory Union _____ Special Education Administrator _____

Name of student _____ Disability category _____

Date of birth _____ Child count # _____

Pre-residential placement _____

Parent/Guardian legal Town of Residence (include house #, city/town, state, zip)

Name of parent/guardian _____

Mother's address _____

Father's address _____

If in Care and Custody/Guardianship of state (include the address)

Name of state agency _____

Name of Educational Surrogate Parent (if applicable) _____

Residential Program

Name of placement _____ Date of initial placement _____

School address _____

Special Education endorsed? ☐ Yes ☐ No

If no, was exception granted? ☐ Yes ☐ No Date exception granted _____

Total estimated cost of this placement for the period from _____ through _____

Cost is \$ _____ per day. Cost is \$ _____ per month. Total estimated cost is \$ _____

The school must be state approved for special education in our state or its host state or an Exception must be granted by the Commissioner of the Vermont Department of Education to qualify for funding.

Assurance

I hereby certify that this student had a written **comprehensive evaluation** dated _____ and/or a supplemental evaluation report dated _____. The Individual Education Program (IEP) dated from _____ to _____ recommends a program which specifies the need for a residential placement, and includes reintegration goals and objectives. The IDEA and the Vermont Special Education Regulations were followed during the identification and placement process.

Superintendent of Schools _____ **Date** _____